

Nativity BVM School District Athletics

PIAA and School Athletic Forms Returning Season Packet

****Please be sure to read this entire page prior to completing packet****

This packet includes the forms required for any student-athlete participating in their second or third season of PIAA interscholastic sports during the current school year.

Completed packets must be turned into the Athletic Director or Athletic Trainer prior to participation in any official PIAA sport practices or competition.

Directions:

- Section 8 PIAA CIPPE form are to be completed in their entirety by a parent/guardian. Student-athlete should also sign where required.
 - If any questions in the Supplemental Health History are checked yes, the student will be required to have section 9 completed by a Licensed Physician of Medicine or Osteopathic Medicine prior to participation. If all are answered no, section 8 may be left blank.
- Emergency Contact Form should be completed by parent/guardian.
- Nativity BVM Student-Athlete Code of Conduct Form should be read and signed by the student-athlete and parent/guardian.

SECTION 8: RE-CERTIFICATION BY PARENT/GUARDIAN

This form must be completed not earlier than six weeks prior to the first Practice day of the sport(s) in the sports season(s) identified herein by the parent/guardian of any student who is seeking to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in all subsequent sport seasons in the same school year. The Principal, or the Principal's designee, of the herein named student's school must review the SUPPLEMENTAL HEALTH HISTORY.

If any SUPPLEMENTAL HEALTH HISTORY questions are either checked yes or circled, the herein named student shall submit a completed Section 9, Re-Certification by Licensed Physician of Medicine or Osteopathic Medicine, to the Principal, or Principal's designee, of the student's school.

SUPPLEMENTAL HEALTH HISTORY

Student's Name _____ Male/Female (circle one)

Date of Student's Birth: ____/____/____ Age of Student on Last Birthday: ____ Grade for Current School Year: ____

Winter Sport(s): _____ Spring Sport(s): _____

CHANGES TO PERSONAL INFORMATION (In the spaces below, identify any changes to the Personal Information set forth in the original Section 1: PERSONAL AND EMERGENCY INFORMATION):

Current Home Address _____

Current Home Telephone # () _____ Parent/Guardian Current Cellular Phone # () _____

CHANGES TO EMERGENCY INFORMATION (In the spaces below, identify any changes to the Emergency Information set forth in the original Section 1: PERSONAL AND EMERGENCY INFORMATION):

Parent's/Guardian's Name _____ Relationship _____

Parent/Guardian E-mail Address: _____

Address _____ Emergency Contact Telephone # () _____

Secondary Emergency Contact Person's Name _____ Relationship _____

Address _____ Emergency Contact Telephone # () _____

Medical Insurance Carrier _____ Policy Number _____

Address _____ Telephone # () _____

Family Physician's Name _____, MD or DO (circle one)

Address _____ Telephone # () _____

If any SUPPLEMENTAL HEALTH HISTORY questions below are either checked yes or circled, the herein named student shall submit a completed Section 9, Re-Certification by Licensed Physician of Medicine or Osteopathic Medicine, to the Principal, or Principal's designee, of the student's school.

Explain "Yes" answers at the bottom of this form.

Circle questions you don't know the answers to.

- | | | | | | | | |
|---|--|--------------------------|--------------------------|--|--|--------------------------|--------------------------|
| | | Yes | No | | | Yes | No |
| 1. Since completion of the CIPPE, have you sustained a serious illness and/or serious injury that required medical treatment from a licensed physician of medicine or osteopathic medicine? | | <input type="checkbox"/> | <input type="checkbox"/> | 3. Since completion of the CIPPE, have you experienced dizzy spells, blackouts, and/or unconsciousness? | | <input type="checkbox"/> | <input type="checkbox"/> |
| An additional note to item #1. If serious illness or serious injury was marked "Yes", please provide additional information below | | | | 4. Since completion of the CIPPE, have you experienced any episodes of unexplained shortness of breath, wheezing, and/or chest pain? | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Since completion of the CIPPE, have you had a concussion (i.e. bell rung, ding, head rush) or traumatic brain injury? | | <input type="checkbox"/> | <input type="checkbox"/> | 5. Since completion of the CIPPE, are you taking any NEW prescription medicines or pills? | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | 6. Do you have any concerns that you would like to discuss with a physician? | | <input type="checkbox"/> | <input type="checkbox"/> |

#s	Explain yes answers; include injury, type of treatment & the name of the medical professional seen by student

I hereby certify that to the best of my knowledge all of the information herein is true and complete.

Student's Signature _____ Date ____/____/____

I hereby certify that to the best of my knowledge all of the information herein is true and complete.

Parent's/Guardian's Signature _____ Date ____/____/____

Section 9: Re-CERTIFICATION BY LICENSED PHYSICIAN OF MEDICINE OR OSTEOPATHIC MEDICINE

This Form must be completed for any student who, subsequent to completion of Sections 1 through 6 of this CIPPE Form, required medical treatment from a licensed physician of medicine or osteopathic medicine. This Section 9 may be completed at any time following completion of such medical treatment. Upon completion, the Form must be turned in to the Principal, or the Principal's designee, of the student's school, who, pursuant to ARTICLE X, LOCAL MANAGEMENT AND CONTROL, Section 2, Powers and Duties of Principal, subsection C, of the PIAA Constitution, shall "exclude any contestant who has suffered serious illness or injury until that contestant is pronounced physically fit by the school's licensed physician of medicine or osteopathic medicine, or if none is employed, by another licensed physician of medicine or osteopathic medicine."

NOTE: The physician completing this Form must first review Sections 6 and 7 of the herein named student's previously completed CIPPE Form. Section 8 must also be reviewed if both (1) this Form is being used by the herein named student to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in a subsequent sport season in the same school year AND (2) the herein named student either checked yes or circled any Supplemental Health History questions in Section 8.

If the physician completing this Form is clearing the herein named student subsequent to that student sustaining a concussion or traumatic brain injury, that physician must be sufficiently familiar with current concussion management such that the physician can certify that all aspects of evaluation, treatment, and risk of that injury have been thoroughly covered by that physician.

Student's Name: _____ Age _____ Grade _____

Enrolled in _____ School _____

Condition(s) Treated Since Completion of the Herein Named Student's CIPPE Form: _____

A. GENERAL CLEARANCE: Absent any illness and/or injury, which requires medical treatment, subsequent to the date set forth below, I hereby authorize the above-identified student to participate for the remainder of the current school year in additional interscholastic athletics with no restrictions, except those, if any, set forth in Section 7 of that student's CIPPE Form.

Physician's Name (print/type) _____ License # _____

Address _____ Phone () _____

Physician's Signature _____ MD or DO (circle one) Date _____

B. LIMITED CLEARANCE: Absent any illness and/or injury, which requires medical treatment, subsequent to the date set forth below, I hereby authorize the above-identified student to participate for the remainder of the current school year in additional interscholastic athletics with, in addition to the restrictions, if any, set forth in Section 7 of that student's CIPPE Form, the following limitations/restrictions:

1. _____
2. _____
3. _____
4. _____

Physician's Name (print/type) _____ License # _____

Address _____ Phone () _____

Physician's Signature _____ MD or DO (circle one) Date _____

Nativity BVM Athlete Emergency Contact Form

Student Name: _____ Sport: _____

Address: _____ City: _____ Zip: _____

Year in school (please circle): 7 8 9 10 11 12

EMERGENCY CONTACT INFORMATION: Please provide information for primary and alternative contact persons who may be notified in case of an emergency.

Name of Primary Contact: _____ Relation: _____

Primary Phone: _____ Alternate Phone: _____

Name of Alternative Contact: _____ Relation: _____

Primary Phone: _____ Alternate Phone: _____

Please list any medical issues the student may have; i.e. asthma, allergies, serious injuries.....

The information requested on this form is confidential and for emergency use only. In the event of an emergency while participating in an athletic event, the information will be used by Nativity BVM High School Athletic Department personnel. Please provide accurate, complete and true information.

In case of an emergency, I give permission for my child and child's information to be released/treated for emergency purposes. I also agree that any of my emergency contacts listed on this card may be notified in an emergency, as needed.

Parent/Guardian Signature: _____ Date: _____

NATIVITY OF THE BLESSED VIRGIN MARY HIGH SCHOOL, INC.



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NATIVITY BVM HIGH SCHOOL
STUDENT-ATHLETE
CODE OF CONDUCT


Student-Athletes of the Nativity BVM High School are expected to represent their school with exemplary conduct on and off the court or playing field. Participating in athletics is a privilege and with the privilege comes an obligation to become a good citizen role model for all other students. Below is the Code of Conduct that represents the expectations of the school and the athletic department for each student-athlete and their parents/guardians. Please read the Code of Conduct and ask your parents to do the same. Your signatures are required as an indication of accepting this responsibility prior to participation in any sport at Nativity BVM High School.

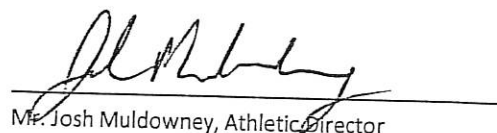
The Student-Athlete will...

- Maintain the school's minimum requirements for academic eligibility
- Respect other student-athletes and coaches at all times
- Not use inappropriate language—violations can lead to reprimand including dismissal
- Use equipment and school property in a manner consistent with its design
- Respect game officials always—especially when a call is questionable
- Use good sportsmanship on and off the field
- Inform your coach immediately if injured during a game or practice
- Adhere to team rules—penalties for violation may be more stringent than school penalties
- Adhere to School Discipline Code—suspension from school means suspension from team
- Serious breach of school rules may result in dismissal from the team
- Use of drugs/alcohol at any time is unacceptable and will be sufficient grounds for dismissal

The Student-Athlete Parent will...

- Provide the student-athlete and the team with a positive role model
- Not discuss "rights to play" with the coaching staff
- Respect the decisions made by the coaching staff for the team and all players
- Demonstrate good sportsmanship while attending any Nativity BVM athletic Event


Mrs. Lynn A. Sabol, Principal


Mr. Josh Muldowney, Athletic Director

I have read the above Code of Conduct and will abide by its contents

Student-Athlete Signature

Parent Signature

Date